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<b>Application Number</b>	09/976,872
<b>Filing Date</b>	10/12/2001
<b>First Named Inventor</b>	Toronto
<b>Title</b>	Analysis Detection
<b>Art Unit</b>	1641
<b>Examiner Name</b>	COOK, LISA V
<b>Attorney Docket Number</b>	ANGL-06602

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Amanda Biehl</i>	Date	16 June 2008
Name	Amanda Biehl	Telephone	719-594-0854
Title and Company	Owner, n2itive1 Innovations		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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